To view this newsletter online as a pdf go to [http://www.tn.gov/tccy/adv150501.pdf](http://www.tn.gov/tccy/adv150501.pdf).

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**May 2015**

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**Teen Pregnancy Prevention Month**

In This Issue:

- Teen Pregnancy;
- Prevention in Tennessee;
- Preventing Teen Pregnancy;
- Disparities in Teen Birth Rates;
- Teen Pregnancy in Rural Areas;
- Teens Transitioning from Foster Care;
- Costs of Teen Pregnancy;
- Causes of Teen Pregnancy;
- Legislative Session Ends;
- Update.

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**Teen Pregnancy**

Complaints about youth have been around perhaps as long as parents and can be summed up with a lyric from the musical *Bye, Bye, Birdie*, “What’s the matter with kids today? Why can’t they be like we were, perfect in every way.”

Turns out the youth today are behaving better than their parents. Trend data show teens in 2015 are engaging in fewer risky behaviors. The reduction of teen pregnancy is especially striking.

Teen pregnancy and birth rates are at historic lows in the United States and their current rates are more than half those of the early 1990s. However, teen pregnancy continues to halt young people’s pursuit of dreams and success and to mire families in inter-generational poverty. Despite the reduction in youth pregnancy in Tennessee, two of every hundred girls gets pregnant before her 18th birthday. National research finds 82 percent of pregnancies in women ages 15 to 19 are unplanned. More than three-fourths of births to teens are first births, and only one of every five teen mothers is married to her child’s father.
Teen Pregnancy Prevention in Tennessee

The rate of teen pregnancy in Tennessee has been reduced by more than half over the last 28 years, from 16,607 cases or a rate of 46.8 per 1,000 females in 1985 to 8,455 cases (20.5 per 1,000 females) in 2013.

The Department of Health’s Tennessee Adolescent Pregnancy Prevention Program is a state-funded program that incorporates community-based awareness and abstinence education through community services, education, collaborations and partnerships. Tennessee Adolescent Pregnancy Prevention Program focuses on three primary goals:

- **Promote Total Community Involvement.** Raise awareness of the issues dealing with teen sexuality through partnerships and coalitions.
- **Reduce the Incidence of Teen Pregnancy in Tennessee.** Provide information and activities for parents, teens and educators in the community.
- **Improve and Coordinate Services Available for Pregnant Teenagers and for Teenage Parents.** Provide information and activities for pregnant and parenting teens in the community.

Tennessee Adolescent Pregnancy Prevention Program (TAPPP). TAPPP is a state-funded program designed to reduce the rate of teen pregnancy and teen birth in Tennessee. Through a well-established network of state, regional and county level staff, the Tennessee Department of Health (TDH) currently provides adolescent pregnancy prevention programs in six (6) rural regions and two metro regions, covering 78 counties.

The metropolitan counties (Knox and Sullivan) have a TAPPP coordinator and local health councils that address adolescent pregnancy and parenting issues at the local level and consist of a cross section of individuals, agencies and organizations.

Each of the six rural regional offices has a TAPPP Coordinator or a full-time equivalency. County health educators, working with county and regional health councils, plan and implement teen pregnancy prevention activities in their communities. Each council participates in a wide range of activities, depending on local priorities and resources.

Community education and awareness activities for students, parents and providers occurs through classes in schools, programs in community agencies, attendance at fairs and conferences, and promotion through media campaigns.

**Abstinence Education Grant Program (AEGP).** AEGP is federally funded through the US Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau. AEGP provides strategies for teens to adopt an abstinence lifestyle, improve communication skills, achieve educational goals and set personal goals for their future. Effective community-based programs provide education, practice of refusal skills and alternative activities so teens can develop the social skills and values needed to adopt an abstinence lifestyle.

The State Plan for Abstinence Education identified twenty (20) counties in highest need of abstinence education services based on teen pregnancy and birth rates, Chlamydia rates, rates of mothers in poverty and school dropout rates. These counties were prioritized for services if community capacity and resources for providing such services are available.

- More information on Tennessee Department of Health teen pregnancy prevention efforts is available at [http://bit.ly/1Ad0UJJ](http://bit.ly/1Ad0UJJ) or by contacting Kimothy.Warren@tn.gov.
Preventing Pregnancy in Young People

Pew Charitable Trusts attributes the continuing decrease in teen pregnancies to improved methods of contraception, federal funding of evidence-based prevention programs and a reduction in teen sexual behavior.

In 2011, the Food and Drug Administration approved a hormonal implant effective for up to three years. The American College of Obstetricians and Gynecologists (ACOG) recommends long-acting, reversible contraception (LARC) because of its high rate of effectiveness and patient satisfaction and low maintenance. However, some providers are reluctant to use LARCs with young patients because, according to the Guttmacher Institute, of a fear they may not come in for needed regular checkups. In its FY 2015 budget recommendations, the Commission on Children and Youth recommended Tennessee implement funding strategies for LARCs.

Many viewers find little to like in reality television, but economists attributed a third of the reduction in teen births between 2009 and mid-2011 to MTV’s “16 and Pregnant.” The researchers found exposure to the show was high and affected teen thinking, with Google and Twitter searches about birth control spiking following each episode and a 5.7 percent reduction in teen births in the 15 months after it began.

Abstinence-only programs have a high level of legislative support, but a dearth of research support. Another tool for combating teen childbearing facing an uphill battle in many states with high teen pregnancy rates is comprehensive sex education.


Disparities in Teen Birth Rates

Although teen pregnancy has gone down for all demographic groups, concerns continue for some groups. Teen pregnancy rates in minority ethnic and racial groups decreased faster than those for White girls, but rates for African and Hispanic Americans continue at higher levels.

Theories differ over whether teen childbearing causes lifetime poverty or whether poverty causes parenthood. Two-thirds of young unmarried mothers are poor, and 25 percent receive public benefits within three years. Southern states have greater child poverty and higher teen pregnancy rates as well as higher percentages of Temporary Assistance for Needy Families (TANF) and Supplemental Security Income recipients. In fiscal year 2010, 85 percent of the 2,621 teen parents on Families First (TANF) rolls in Tennessee were heads of households.

Lack of access to quality health care and contraceptive services and lack of opportunity are contributing factors to high teen childbearing.

The Pew Charitable Trusts reports Mississippi passed a bill in 2014 to get community colleges to create health clinics.
and target teen pregnancy because of high rates in young women ages 18-19.


### Youth Pregnancy in Rural Areas

Youth in rural areas continue to have higher teen pregnancy rates. The rate of teen pregnancy in rural areas, as categorized by the National Center for Health Statistics, has dropped, but not as rapidly as in other areas.

Areas identified as rural make up 75 percent of the nation’s land mass, 16 percent of teen girls and 20 percent of teen births. Rural births are slightly more likely to be to older teens and to be married teens (15 percent of rural teens compared to 11 percent in the rest of the country). Two-thirds of rural teens who give birth are non-Hispanic White girls.

Teen girls living in rural areas are more likely to report sexual activity and are less likely to have used contraception at their first experience.

Lack of transportation, confidentiality, health care access, child care and opportunities and isolation are among the contributors to high rural teen pregnancy.


### Youth In or Transitioning from Foster Care

Another high risk group is teens in foster care or transitioning to adulthood. Young people in foster care are more than twice as likely as other young women to become pregnant by age 19 and to have given birth to more than one child while in their teens.

TCCY’s Youth Transitions Advisory Council in its 2014 annual report called on DCS to implement best practice services for pregnancy prevention for pregnant and parenting adolescents. These included long-acting, reversible contraception (LARC) and prenatal care and parenting support. The Department of Children’s Services is implementing two grants to improve services to pregnant and parenting youth in foster care, according to the report. One federal grant has been used to implement the Teen Outreach Program® in selected congregate care settings, and the initial results are promising. DCS has expanded the grant to use the Sisters Saving Sisters Curriculum. Monroe Harding supports Sisters Saving Sisters, a skill-based program designed to reduce the risk of unprotected sexual intercourse among sexually experienced Latino and African-American adolescent females. The program features culturally and developmentally-appropriate small group sessions that focus on HIV and sexually transmitted disease (STD) risk reduction. The Center for the Study of Social Policy awarded Tennessee a grant to target the unique needs of pregnant and parenting youth in foster care in Knox County. This grant ended in 2014, but DCS will review best practices in this region and work with other DCS regions to ensure they are meeting the needs of this population.

Causes of Teen Pregnancy

The National Institutes of Medicine’s MedlinePlus information resource lists the following risk factors for teen pregnancy:

- Younger age;
- Poor school performance;
- Economic disadvantage;
- Older male partner;
- Single or teen parents.


Costs of Teen Pregnancy

Teen pregnancy has costs for teens, families and the public. The National Campaign to Prevent Teen and Unplanned Pregnancy calculated teen parenthood in the United States cost taxpayers (federal, state and local) at least $9.4 billion in 2010. Costs of teen childbearing include increased costs for health care, foster care, incarceration and lost tax revenue.

More painful are the costs to the moms themselves and their children.

Academic costs for mothers. Thirty percent of girls who drop out of school do so because of pregnancy and parenthood. Only 40 percent of teen mothers finish high school, and only 2 percent, college by age 30. Unemployment rates in 2014 for those with no high school degree, a high school diploma or some college hours but no degree were higher than the national average of 5 percent, while median weekly earnings for people with professional degrees were more than three times higher than those for high school dropouts. Those with bachelor’s degrees earned more than twice the incomes of school dropouts.

Children of teen moms are less prepared for school and are 50 percent more likely to repeat a grade and to drop out of school. Children born to teens have lower educational performance, score lower on standardized tests and are twice as likely to repeat a grade. Additionally, only around two-thirds of children born to teen mothers complete high school, compared to 81 percent of children born to adults. These children are more likely to become teen mothers themselves.


Facts about Teen Sex

1) Fewer than half U.S. high school students have ever had sex.
2) The median age at first sex has increased over the past decades and hasn't been younger than age 17 for 50 years.
3) A majority of adolescents still initiate sex as a part of a romantic relationship.
4) Young people have gotten better at using contraceptives.
5) Boys want love, too.

Based on information compiled by Child Trends.

Legislative Session Ends

The Tennessee General Assembly has gone home for the year, leaving behind some good news for children and TCCY. The budget includes an additional $63,000 for Court Appointed Special Advocate programs. The budget also included funding for Home Visiting programs and Consolidated School Health.

Legislation regarding youth in state custody included a bill to make it easier for youth who have moved frequently to graduate from high school (SB537 / HB567) and a bill giving foster parents and authorized representatives of DCS the ability to sign the application for a driver’s license or instructional permit for an individual under the age of 18 (SB1271 / HB1355).

Reports from the Tennessee Department of Health show the most common contributor to neonatal abstinence syndrome in newborns, a growing problem in Tennessee, is prescription opioid drug abuse. The Intractable Pain Treatment Act, which made these drugs easier to obtain in Tennessee, was repealed this year.
TCCY state funding was not affected by the budget. Two bills in addition to the budget dealt directly with TCCY. The agency was reauthorized until 2020, and authority to select the executive director was returned to the Commission members appointed by the Governor.

A well-deserved rest is hoped for TCCY’s youth policy advocate, Steve Petty, who has spent the past four months gathering and sharing information about proposed policies as they moved through the legislative process.

Other information about legislation is available through the links below:

- TCCY Legislative Updates: [http://www.tn.gov/tccy/legislat.shtml](http://www.tn.gov/tccy/legislat.shtml);

### Updates

Congratulations to Melissa McGee, director of the TCCY’s Council on Children’s Mental Health, who completed the Country Music Half-Marathon and to all other advocates who participated. McGee was cheered on her way by TCCY Executive Director Linda O’Neal. O’Neal and McGee are seen on the left.

### Mark Your Calendar

**May 5,** 2-5 p.m., The National Campaign to Prevent Teen and Unplanned Pregnancy “Go Home or Go On” conference. Register: [GoHomeOrGoOn@TheNC.org](mailto:GoHomeOrGoOn@TheNC.org).


**May 8,** 11:30 a.m.-2 p.m., East Tennessee Council on Children and Youth co-sponsors “The Geography of Human Trafficking in Tennessee” Second Presbyterian Church, 2829 Kingston Pike, Knoxville. Speaker Margie Quinn, Tennessee Bureau of Investigation. Space is limited, and CEU credits available.


**May 14,** 1 p.m. - May 15, 12 noon, Tennessee Commission on Children and Youth quarterly meeting, Andrew Jackson Building, 502 Deaderick St., Nashville. Contact [Natasha.M.Smith@tn.gov](mailto:Natasha.M.Smith@tn.gov).


**May 20,** 11 a.m.-1 p.m., Mid-Cumberland Council on Children and Youth Sumner County Lunch and Learn. “The Attachment Relationship and Its Impact on Children,” Gallatin Civic Center, 210 Albert Gallatin Ave., Gallatin. Approved for NASW CEUs. Contact [susan.cope@tn.gov](mailto:susan.cope@tn.gov).


In the News

The (Nashville) Tennessean, “DCS honored for reforms, but 15 years of scrutiny aren’t over,” [http://tnne.ws/1JmHE4m](http://tnne.ws/1JmHE4m).

The (Nashville) Tennessean, “Nashville poverty down, but disparities still deep”: [http://tnne.ws/1DBwNLO](http://tnne.ws/1DBwNLO)

Research Information


Tennessee KIDS COUNT Facts

**Teen Births by Age Group**

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<td>2,126</td>
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<tr>
<td>15 to 17</td>
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<td>15 to 19</td>
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**Births to Teens Who Were Already Mothers**

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<th>Percent</th>
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<td>2012</td>
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Note: Non-consecutive years appear adjacent in the trend line because one or more years have been deselected.


No person shall, on the grounds of race, color, national origin, sex, age, religion, disability, or ability to pay, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity operated, funded, or overseen by the Tennessee Commission on Children and Youth (TCCY). It is the intent of TCCY to bind all agencies, organizations, or governmental units operating under its jurisdiction and control to fully comply with and abide by the spirit and intent of the Civil Rights Act of 1964.

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